INTEGRATING ORAL HEALTH AND MATERNAL AND CHILD HEALTH PROGRAMS
September 22, 2004

DATASPEAK Q&A

This DataSpeak program featured a presentation by Steve Smith, Senior Advisor to the Administrator at the Health Resources and Services Administration (HRSA) regarding the Agency's oral health goals and the important role of Title V MCH programs. The Web conference also included a conversation with Judith Gallagher, a former State MCH director and Director of Maternal, Child and Community Health at Health Systems Research, Inc., and Jared Fine, D.D.S., Dental Health Administrator of the Alameda County Public Health Department regarding examples of, and opportunities for, collaboration between MCH and oral health to address common goals.

Following is a synthesis of the question and answer period from the September 22, 2004 DataSpeak Web conference **Integrating Oral Health and Maternal and Child Health Programs:**

A. COLLABORATION OPPORTUNITIES

1. **There are a number of Federal programs that could be potential partners, but they are located in different departments such as the Department of Agriculture Department and the Department of Health and Human Services. It is difficult for oral health experts who want to help know what Federal programs exist that they could approach as partners in improving the health and well being of mothers and children as well as improve their literacy on the prevention of early childhood caries. What programs should be considered?**

   Healthy Start – Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS)
   The Healthy Start program is a potential partner in efforts to promote the oral health for young children. Funded by HRSA's MCHB program, Healthy Start promotes community-based, culturally competent, family-centered, comprehensive perinatal care and other facilitating services to women, infants, and their families, and integrates these services into existing systems of perinatal care. Besides improving access to prenatal care, the program focuses on improving health literacy of mothers to learn more about things they can do to improve their own health and the health of their newborn babies.

   Head Start and Early Head Start – Head Start Bureau, Administration on Children and Families (ACF), DHHS
   Head Start and Early Head Start are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.

Head Start and Early Head Start have an obligation to assure that children coming into the program have had an oral health assessment within 90 days of entering the program and that all of their dental treatment needs met. This requirement provides a perfect opportunity for creating partnerships with the local public health department or a variety of other groups committed to organizing services for the Head Start program. Your local dental society, dental hygiene chapter, nonprofit organizations or community-based and public health centers are natural partners for providing these services.

One of the biggest factors in ensuring the success of the partnership is having leadership. Leaders could come from Head Start, the health department, local health center, etc. No matter who leads the effort it is important to bring the stakeholders together and identify how oral health care systems can be improved.

MCHB Oral Health Forums – MCHB/HRSA and Head Start Bureau/ACF
The Maternal and Child Health Bureau of HRSA and Head Start Bureau of ACF have been co-sponsoring regional and State oral health forums throughout the country over the last several years. These forums are designed to build bridges between Head Start, MCH, WIC and other partners interested in improving the oral health of children, women and families. Information about the forums can be found on the National Maternal and Child Health Oral Health Resource Center at www.mchoralhealth.org.

Recently HRSA's Maternal and Child Health Bureau signed an Intra-Agency Agreement to assist the Head Start Bureau and its regional offices to assess its oral health program needs, to collaboratively develop strategic plans to meet those needs, and to design materials and programs to implement these plans. The overall long-term goal of this multi-year agreement is to achieve optimum oral health for all Head Start and Early Head Start children. A number of oral health consultants have been hired to provide technical assistance to the regions and could serve as good sources for identifying programs in need of oral health services.

Women, Infants and Children (WIC) – U.S. Department of Agriculture
While collaboration at the Federal level is an important focus, sometimes we need to start collaboration at the local level and simply go talk to individuals in the local WIC programs about their clients' needs and what the two of you could do together to improve the health and well-being of mothers and children.

Alameda County does have connections to the WIC program in many of its community health centers. Many people who provide services to low-income individuals know how to make the connections with WIC.

2. **How does one go about partnering with MCH clinics and other community providers to meet the oral health care needs that otherwise are not being addressed in the community?**

Well-baby or community health clinics in the area may be eager to find someone to partner with to work with them around oral health issues. Once you find them, talk with them to identify what their needs are and discuss with them how you could help them meet those needs.

I would also encourage connecting with the local chapter of the American Academy of Pediatrics about opportunities for incorporating oral health into training, grand rounds and well-baby visits. These could serve as a perfect avenue for referring children to dentists as well as the medical community.

3. **What steps can a dental school take to collaborate with community health systems? Such collaboration could prove to be mutually beneficial to both the dental program and the community by increasing students' experience with patients and improving the oral health of an under-served community.**

   First think about places where the kids and families are already going to receive health care. Places that may come to mind include local community centers, Head Start childcare centers, community health centers, and/or faith communities. Outreach efforts in locations such as these are important but it would need to be coupled with education. Oftentimes parents of young children do not understand that it is important to have their children's dental health needs met, especially regarding their primary (baby) teeth, nor may parents appreciate the linkage between oral health and overall child health and well being.

   A good place to start is to make a connection with your State and county health MCH departments. They could provide entrée into various community-based programs and initiatives and may run other clinics health care, family planning, and other clinics.

4. **Are there good examples of ways to include families as members of oral health collaborations or advocacy efforts beyond the care of their own children?**

   As primary caregivers of their children, it's the family – moms, dads and grandparents – who know their children best and are primarily responsible for their health and well being. It certainly makes sense that they should be involved in the development of these kinds of programs. In terms of MCH, many State agencies have a family advisory committee or other groups where families can get involved in providing input into all kinds of MCH issues and resource allocation, which would include oral health as well.

   A special point should also be made of the importance of both the oral health and MCH communities to focus on children and adolescents with special health care needs, as these children often have special oral health needs and experience more difficulty in accessing care.

B. FUNDING OPPORTUNITIES

5. How does one go about matching Title V funds with the Federal financial participation through Medicaid and how can they be used in a community-based organization?

Organizations need to partner with local government. The Federal financial participation funds are made available to both State and local governments for administrative activities with the goal of assisting individuals eligible to enroll in or take advantage of the services available through Medicaid. The matching funds could include State or local general funds dollars or it could be philanthropic funds as long as they are not already being used to draw down Federal matching dollars.

C. MARKETING AND OUTREACH

6. What outreach efforts have been found to be effective in reaching at-risk populations?

That depends very much on the population that you're trying to reach. You need to know who they are and where they are. You need information about what they perceive as needs and benefits, and where they are interested in obtaining education, information, and services. Once you have the information, then go to where they are. We sometimes expect folks to come to our doorstep and, in fact, they may not know where we are located, may not find this particularly appealing, or may be very busy. It is really important to research your targeted audiences. Then go to where they are and work with them. Also go to community-based organizations that may already be working with your target audience to find out more about what resonates with the population then do it.

Focus groups can also be a good way to get community input. Bring some of the high-risk people you are interested in together and have a focused discussion about their perceptions, needs, what they think are the best ways to get information and provide outreach to their community.

D. WORKFORCE AND TRAINING

7. The supply of dentists is not sufficient enough to provide care to everybody who needs it. What are some of the strategies being considered to address workforce shortages, especially in terms of expanding the provider base beyond dentists?

The natural approach from a public health perspective is to go upstream with a highly preventable disease and do what we know works to reduce the downstream effects of the disease. As an example, the medical, nursing and child care communities along with Head Start and WIC have a part to play in turning around early childhood caries (ECC), which is a chronic and progressive disease that can start as soon as teeth erupt in an infant or toddler's mouth. Their efforts should focus on the prevention of ECC, which means

that children should be assessed by their first birthday. Oral health does not have enough resources or capacity to treat ECC. We have to go upstream and attempt to prevent it.

The American Academy of Pediatrics and the American Academy of Pediatric Dentistry, have been working together to support physicians' (specifically pediatricians) ability to screen and refer young and at-risk children to a dentist at earlier ages. More information can be found on their Web sites at www.aap.org and www.aapd.org.

We also need to look to dental hygienists. They tend to be the educators of the dental profession. If you look at many of the programs in other areas, dental hygiene that been instrumental in writing and implementing these educational programs.

8. Can you provide more information about resources to train public health leaders to strengthen systems of care?

The MCH Leadership Training Program, funded by the MCHB, seeks to train the next generation of leaders in the dental and medical community who will provide or assure quality services for the MCH population. The goal of leadership training is to prepare trainees who have displayed leadership attributes and demonstrate potential for further growth and development as leaders. In order to accomplish this goal, trainees must achieve a variety of competencies, which should include:

a. Knowledge and skills related to the trainee's own discipline
b. Interdisciplinary knowledge and skills
c. The ability to analyze the leadership needs presented by various economic, political, and social situations within the environment
d. The ability to exercise leadership in many situations and contexts.

Examples of leadership activities by trainees might include meeting facilitation, program planning and implementation, and collaborative working agreements/partnerships with groups or organizations within a community negotiation. More complex leadership functions may include representing an agency at public hearings, negotiating budgets and contracts, serving on state and national task forces, directing programs, advocating for needed services for children and families, or developing social policies. For more information on MCH the MCH Leadership Training Program, see mchb.hrsa.gov/training/index.htm.

9. Will the compendium of best practices on oral health Steve Smith mentioned in his presentation focus on clinical performance service measurement or on how to develop coalitions and other partnerships?

HRSA will be looking at both. Completion of the compendium of best practices is an objective to complete in 2005. There have been other attempts to put the list together, which HRSA is trying to update for 2005.

The Association for State and Territorial Directors also contains a best practice site on their Web site at www.astdd.org. The best practice approach is defined as a public health strategy that is supported by evidence for its impact and effectiveness. Evidence includes research, expert opinion, field lessons, and theoretical rationale.

E. ALAMEDA COUNTY ORAL HEALTH PROGRAMS

10. What are some of the oral health programs currently offered in Alameda County and who are your partners in these programs.

Oral Health for Healthy Births

Oral Health for Healthy Births (OHHB) is a demonstration pilot for pregnant women with periodontal disease who are enrolled in California's Medicaid program. It is being initiated in response to early evidence showing a possible link between periodontal disease and poor birth outcomes. Although more research needs to be done on the relationship between periodontal disease and pre term and low birth deliveries, our County decided to go forward and pilot the program because pregnant women still need dental care and we felt that we should do what we could to increase their access to dental services.

To establish the OHHB program, Alameda County is partnering with California's statewide MCH program also known as the Black Infant Health Program. In addition to the dental care benefits covered through Medicaid, the pilot program has a case management component in which case managers are in contact with each client on a monthly basis to provide health education and dental referrals. We are in the process of recruiting local dentists to participate in the program. Inclusion of these providers produces a two-fold benefit. In addition to improving the oral health of pregnant women, the partnership serves to educate public and private dental communities about appropriate oral health care for pregnant women.

Much of the work is coordinated at the local level and is funded through matching dollars from the Alameda County Office of Dental Health, and the Maternal and Child Health Program, which has gained approval from State MCH to apply for Federal Financial Participation funds for local MCH programs.

We hope to contribute to the growing body of knowledge on the relationship between periodontal disease and birth outcomes especially as we demonstrate an applied approach to the problem that the research is beginning to uncover.

School-based Dental Sealant Program

Alameda County's dental sealant program is designed to reach children who might not otherwise have access to dental care. It's not a particularly new idea; there are many sealant programs around the country. Through our partnership with MCH, we are able to fund the staff that organizes and coordinates the program. We bring portable instruments and equipment into primarily low-income schools with a high number of Medicaid

children and provide dental sealants on-site. We also refer children needing ongoing dental care to dentists in the community and identify other needs they may have which also require referral and liaison. This is exciting in terms of our partnership with MCH because it exemplifies the requirements for organizing and conducting a community-based program that includes oral health.